288683

# **UNITED STATES** ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

BECD S.E.O.

APR 1 0 2007

OMR APPROVA OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response.....16.00

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1080	Prefix		Serial
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•	DAT	E RECEI	VED
-			

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Series A Preferred Stock of American Broadband, Inc.  Filing Under (Check box(es) that apply):		UNIFORM LIN	MITED OFFERING E	XEMPTION			
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) American Broadband, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 50 West Main Street, Suite 737 Uniontown, PA 15401 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Gif different from Executive Offices Brief Description of Business Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization Corporation Ulimited partnership, already formed Other (please specify):  PROCESSED  Actual or Estimated Date of Incorporation or Organization:  CN for Canada: FN for other foreign jurisdiction)  DIE  HOMSON	Series A Preferred Stoo	k of American Broadband, Inc.					
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  American Broadband, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  Stowest Main Street, Suite 737  Uniontown, PA 15401  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (including Area Code)  (if different from Executive Offices)  Brief Description of Business  Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization  Corporation corporation corporation or Organization:    Imited partnership, to be formed   Other (please specify):   PROCESSED      Actual or Estimated Date of Incorporation or Organization:   1 1 0 6			ile 505 🛛 Rule 506 🔲 S	ection 4(6) 🗍 ULC	DE		
Name of Issuer ( check if this is an armendment and name has changed, and indicate change.)  American Broadband, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  50 West Main Street, Suite 737  Uniontown, PA 15401  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Gif different from Executive Offices)  Brief Description of Business  Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization  Corporation  Ilimited partnership, already formed  Other (please specify):  Month Year  Actual or Estimated Date of Incorporation or Organization:  CN for Canada: FN for other (pregin jurisdiction)  CN for Canada: FN for other (pregin jurisdiction)  Telephone Number (including Area Code)			A. BASIC IDENTIFIC	CATION DATA			
American Broadband, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  50 West Main Street, Suite 737  Uniontown, PA 15401  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization  Corporation  Itimited partnership, already formed  Other (please specify):  PROCESSED  Apr 17 2007  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada: FN for other foreign jurisdiction)  Telephone Number (including Area Code)  (724) 437-1042  Telephone Number (including Area Code)  (724) 437-1042  Telephone Number (including Area Code)  (Total 437-1042  Telephone Number (including Area Code)  Telephone Number (including Area Code)  Telephone Number (including Area Code)	1. Enter the information	requested about the issuer					
Address of Executive Offices (Number and Street, City, State, Zip Code)  50 West Main Street, Suite 737  Uniontown, PA 15401  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization  Corporation  Ilimited partnership, already formed    other (please specify):    Description of Incorporation or Organization:   1	Name of Issuer ( chec	k if this is an amendment and name h	as changed, and indicate c	hange.)			
50 West Main Street, Suite 737 Uniontown, PA 15401  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization    corporation   limited partnership, already formed   other (please specify):   business trust   limited partnership, to be formed   Actual   Estimated    Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada: FN for other (preign jurisdiction)   DIE    THOMSON	American Broadband,	Inc					
Uniontown, PA 15401  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization    corporation	Address of Executive Of	fices (Number and Street, City, S	tate, Zip Code)		•	ng Area Code)	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization    corporation   limited partnership, already formed   other (please specify):    business trust   limited partnership, to be formed    Actual or Estimated Date of Incorporation or Organization:   1	50 West Main Street, S	uite 737		(724) 4	37-1042		
(if different from Executive Offices)  Brief Description of Business  Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed  Actual or Estimated Date of Incorporation or Organization: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Uniontown, PA 15401			<u> </u>			
Brief Description of Business  Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization    Corporation   Corporation	Address of Principal Bus	siness Operations (Number and Street	, City, State, Zip Code)	Teleph	one Number (includi	ng Area Code)	
Provider of private network services to telecom carriers, municipal and governmental agencies, and enterprise customers.  Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed  Actual or Estimated Date of Incorporation or Organization: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	(if different from Execut	ive Offices)					
Type of Business Organization    Corporation	Brief Description of Bus	iness					
Distinct   Comporation   Com	Provider of private net	work services to telecom carriers, n	nunicipal and governmen	tal agencies, and e	nterprise customers	·	
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Type of Business Organi	zation					
Actual or Estimated Date of Incorporation or Organization:    Month   Year	corporation	☐limited partnership, already formed		other (please specify):		PROCESSED	
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Dusiness trust	☐limited partnership, to be	formed	_ "			
CN for Canada: FN for other foreign jurisdiction)	Actual or Estimated Date	of Incorporation or Organization:		⊠ Actual	☐ Estimated	APR 1 7 2007 2	
	Jurisdiction of Incorpora	-				THOMSON -	
	COMPAN INCOME		or Canada; riv for other for	eign jurisdiction)	<u> </u>	FINANCIAL	

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)



A. BASIC IDENTIFI	CATION DATA
2. Enter the information requested for the following:	de con Con como
X Each promoter of the issuer, if the issuer has been organized within	the past five years;
	t the vote or disposition of, 10% or more of a class of equity securities
of the issuer;  X Each executive officer and director of corporate issuers and of corp	orate general and managing partners of partnership issuers; and
	State general and managing partners of partnersing issuers, and
X Each general and managing partner of partnership issuers.  X	
	cutive Officer Director General and/or Managing Partner
Circuit 20x(02) xxxx + y = =	dive Officer Director General and of Managing 1 article
Full Name (Last name first, if individual)	
John, Francis D.  Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1.	3401
	cutive Officer
Full Name (Last name first, if individual)	
John, A. Stephen	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	<u> </u>
Check Box(es) that Apply: ☐Promoter ☐ Beneficial Owner ☒ Exe	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Kassab, Adam C.	
Business or Residence Address (Number and Street, City, State, Zip Code)	2401
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	
<u> </u>	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Ellsworth, Richard  Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	5401
	cutive Officer Director General and/or Managing Partner
	Stative Officer
Full Name (Last name first, if individual) Wheeler, Thomas	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	5401
Check Box(es) that Apply: □Promoter □ Beneficial Owner ☑ Exe	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Shelly, Scott	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	
Check Box(es) that Apply: ☐Promoter ☐ Beneficial Owner ☐ Exe	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Myers, Herb	
Business or Residence Address (Number and Street, City, State, Zip Code)	5401
co American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1 Check Box(es) that Apply: Promoter Beneficial Owner Exe	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	Control District Control Contr
Chiu, Raymond	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	5401
Cittoria Donitory	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Kittner, Robert Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	5401
Check Box(es) that Apply: Promoter Beneficial Owner Exe	cutive Officer
Full Name (Last name first, if individual)	
Hopper, Peter B	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o American Broadband, Inc., 50 West Main Street, Suite 737, Unlontown, PA 1	5401
Check Box(es) that Apply: Promoter Beneficial Owner Exe	cutive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)	
Baum, Theodore B.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o American Broadband, Inc., 50 West Main Street, Suite 737, Uniontown, PA 1	5401

Check Box(es) that Apply:	□Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Baum Private Investors, LLC					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
c/o DH Capital, LLC, 1350 Av	enue of the Ame	ericas, Sulte 1145, New Yo	rk, NY 10019		
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Check Box(es) that Apply:	□Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Heller, Melvin S.					
Business or Residence Addr			Code)		
15 Maiden Lane, Suite 1300, N					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Turnstone Ventures, L.P.					
Business or Residence Addr					
c/o Nicholas Stephens, Edgewo	ood Managemen				
Check Box(es) that Apply:	☐Promoter_	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Newton, Andrew					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
4574 Avril CT, Mobile, AL 36	608				<u> </u>
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Daniels, Eric					
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)		
1120 Sutton CT, Mobile, AL	36609				
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	□ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Bullington, Paul			_		
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)		
6 Audobon Place, Fairhope, A		• • •			

						B. INFO	RMATIC	ON ABOL	T OFFE	RING					
ì.	Has the	e issuer so	ld, or does t	the issuer in	itend to sell	, to non-acc	redited inv	estors in th	is offering?	*************	***************************************	**************		Yes	No ⊠
						Answer also	in Append	iix, Colum	2, if filing	under ULC	E.				
2.	What i	s the mini	mum invest	ment that w	ill be accep	ited from at	y individu	al?	***************************************				<del>.</del>	\$ N/A	
3.	Does tl	ne offering	g permit joir	ıt ownershi	p of a single	e unit?	······································	,	***************************************	**************	•••••••••	***************	•••••	Yes	No □
4.	remune person	eration for or agent o	solicitation f a broker o	of purchase or dealer reg	ers in conne istered with	ection with h the SEC a	sales of sec nd/or with	urities in that a state or st	e offering. ates, list the	If a person name of the	to be listed te broker or	nission or si l is an assoc dealer. If i t broker or o	iated more than		
	Name (La	ast name f	irst, if indiv	idual)											_
N/A Busii	ness or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (	ode)			<b>-</b>					
Nam	e of Asso	ciated Bro	ker or Deal	er											
State	s in Whic	h Person l	Listed Has	Solicited or	Intends to	Solicit Purc	hasers			_					
	(Check "	'All States	" or check i	ndividual S	tates)				••••••	***************************************		All States			
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
Full 1	[RI] Name (La	[SC] st name fi	[SD] rst, if indivi	[TN] idual)	[TX]	[נידי]	[VT]	[VA]	[WA]	_[WV]_	[WI]	[WY]	[PR]		
D	D.		44 01	10	C'	O									
				mber and S	treet, City,	State, Zip (	.oae)								
Name	e of Asso	ciated Bro	ker or Dea!	er											
States	s in Whic	h Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers								•
(Che	ck "All St	ates" or cl	neck individ	iual States)				********		••••••		All States			
	(AL) (IL) (MT) (RI)	(AK) (IN) (NE) [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) (MS) (OR) [WY]	[ID] [MO] [PA] [PR]		
			rst, if indivi												
Busin	ess or Re	sidence A	ddress (Nu	mber and Si	treet, City,	State, Zip C	ode)								
Name	of Assoc	iated Bro	ker or Deal	er											
States	s in Whic	h Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Chec	k "All St	ates" or ch	eck individ	lual States).			***********	•••••				All States			
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] (OR) [WY]	[ID] [MO] [PA] [PR]		

use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	s
	Equity	\$ 2,204,754	\$ 2,204,754
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests		S
	Other (Specify)	\$	s
	Total	\$ 2,204,754	\$ 2,204,754
	Answer also in Appendix, Column 3, if filing under ULOE.	<b>\$ 2,204,734</b>	<b>3</b> 2,204,134
_			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	15	\$ 2,204,754
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		S
	Rule 504		s
	Total		s
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		S
	Legal Fees	×	\$ 235,000
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify		s
	Total	_ ⊠	\$ 235,000

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
4.	b. Enter the difference between the aggregate off expenses furnished in response to Part C - Questi-issuer."	ering price given in response to Part C - Question 1 and to on 4.a. This difference is the "adjusted gross proceeds to t	tal he	
	issuer."			\$ 1,969,754
5.	the purposes shown. If the amount for any purpo	roceeds to the issuer used or proposed to be used for each se is not known, furnish an estimate and check the box to ted must equal the adjusted gross proceeds to the issuer set	the	
			Payments to	
			Officers, Directors	
			& Affiliates	Payments To Others
	Salaries and fees		<u></u> 🗆 \$	s
	Purchase of real estate		<u>  s</u>	s
	Purchase, rental or leasing and installation of mac	hinery and equipment	<u>s</u>	s
	Construction or leasing of plant buildings and fac	ilities	🗆 <b>s</b>	□ <b>s</b>
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset pursuant to a merger)		<b>□\$</b>	<b>□</b> \$
	Repayment of indebtedness		s	□ <b>s</b>
	Working capital		S	<b>⊠</b> \$ 1,969,754
	Other (specify):		□ <b>\$</b>	□ <b>s</b>
	Column Totals		s	⊠ \$ 1,969,754
	Total Payments Listed (column totals added)		× 1,9	69,754
		D. FEDERAL SIGNATURE		
The	ssuer has duly caused this notice to be signed by the	e undersigned duly authorized person. If this notice is file	ed under Rule 505, the follow	ving signature constitutes
an ur	dertaking by the issuer to furnish to the U.S. Secur	ities and Exchange Commission, upon written request of i		
	ccredited investor pursuant to paragraph (b)(2) of	,	D-4-	<del></del>
	er (Print or Type) terican Broadband, Inc.		Date April 6, 2007	
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Ad	am C. Kassab	Secretary and Treasurer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

END